

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000119030

**Entity Name:** ANCHOR RIDGE MANAGEMENT, LLC

**Current Principal Place of Business:**

200 N. FRANKLIN STREET  
SUITE 3300  
TAMPA, FL 33602

**Current Mailing Address:**

BRUCE LAUER C/O CUSHMAN WAKEFIELD  
200 N. FRANKLIN STREET SUITE 3300  
TAMPA, FL 33602 US

**FEI Number:** 27-0919864

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HENDEE, MCKERNAN, SCHROEDER, WILKERSON & HENDEE, PA  
1700 SOUTH MACDILL AVENUE, STE 200  
TAMPA, FL 33629 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MATTHEW R SCHROEDER

04/06/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	PRESIDENT
Name	LAUER, BRUCE	Name	CAPPUCCILLI, JOSEPH G
Address	200 N. FRANKLIN STREET SUITE 3300	Address	PO BOX 2050
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	LECANTO FL 34460
Title	VP, SECRETARY	Title	TREASURER
Name	TAYLOR, MARINA C	Name	RIEGLER, G. MICHAEL
Address	PO BOX 2050	Address	PO BOX 2050
City-State-Zip:	LECANTO FL 34460	City-State-Zip:	LECANTO FL 34460

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** F BRUCE LAUER

**MANAGER**

04/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date